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FROM: Quan Le Nguyen TIMEKEEPER NO.: 2350
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OF PAGES (INCLUDING COVER): 16 FILE NAME: ALLE0027-100
DATE: July 13, 2005 FILE #: 160307

RECIPIENT(S)	PHONE	FAX
USPTO		571-273-8300

Application No.: 10/754,364
Entitled: METHODS FOR TREATING VASCULAR DISORDERS
Filing Date: January 8, 2004
First Named Inventor: Mitchell F. Brin
Art Unit: 1651
Examiner Name: Lora Elizabeth Barnhard
Confirmation No. 7607

Papers: Transmittal Form; Fee Transmittal Form (2pp); Amendment And Request For Reconsideration

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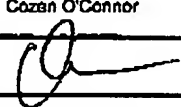
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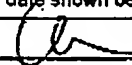
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/754,384
	Filing Date	January 8, 2004
	First Named Inventor	Mitchell F. Brin
	Art Unit	1651
	Examiner Name	Lora Elizabeth Barnhart
Total Number of Pages in This Submission	Attorney Docket Number	ALLE0027-100 (160307)[17641 BOT]

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration To Establish Common Ownership MPEP § 706.02(1)(2)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	July 13, 2005	Reg. No.	46,957

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Signature			
Typed or printed name	Quan L. Nguyen	Date	July 13, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known Application Number 10754,364 Filing Date January 8, 2004 First Named Inventor Mitchell F. Brin Examiner Name Lora Elizabeth Barnhart Art Unit 1651 Attorney Docket No. ALLE0027-100 (160307) [17841 (BOT)]	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER JUL 13 2005	
TOTAL AMOUNT OF PAYMENT (\$) 0			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :

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Deposit Account Name: Cozen O'Connor

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
7	-20 or HP= 0	x 0 = 0
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
3	- 3 or HP= 0	x 0 = 0
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) :

SUBMITTED BY		Registration No.	48,957	Telephone	215-665-2158
Signature		(Attorney/Agent)		Date	July 13, 2005
Name (Print/Type)	Quan L. Nguyen				

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on this amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2005		Application Number	10/754,364
		Filing Date	January 8, 2004
		First Named Inventor	Mitchell F. Brin
		Examiner Name	Lora Elizabeth Barnhart
		Art Unit	1861
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	ALLE0027-100 (160307) [17641 (BOT)]
TOTAL AMOUNT OF PAYMENT (\$)		0	

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account Deposit Account Number: 50-1275

Deposit Account Name: Cozen O'Connor

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Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

200

360

Fee (\$)

Fee Paid (\$)

Multiple dependent claims

25

100

180

Total Claims**Extra Claims****Fee(\$)****Fee Paid (\$)** $\frac{I}{-20 \text{ or HP}} = \frac{0}{x} \frac{0}{=} = \frac{0}{}$

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee(\$)****Fee Paid (\$)** $\frac{3}{-3 \text{ or HP}} = \frac{0}{x} \frac{0}{=} = \frac{0}{}$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x	=	_____


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,957	Telephone	215-665-2158
Name (Print/Type)	Quan L. Nguyen	Date	July 13, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(17641 BOT)**

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Examiner:

Mitchell F. Brin

BARNHART, Lora Elizabeth

Serial No.: 10/754,364

Group Art Unit: 1651

Filed: January 8, 2004

Confirmation No. 7607

For: METHODS FOR TREATING VASCULAR DISORDERS

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

REQUEST FOR RECONSIDERATION

In response to the Final Office Action mailed April 13, 2005, in connection with the above-identified patent application, Applicant respectfully requests reconsideration of the rejections of record in view of the remarks provided below.